

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet

1

of

2

Complete if Known

Application Number

Filing Date

First Named Inventor

Hill, John

Art Unit

Examiner Name

Attorney Docket Number

JH-1

U. S. PATENT DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
|-----------------------|--------------------------|------------------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|
| | | Number-Kind Code ² (if known) | | | |
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FOREIGN PATENT DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
|-----------------------|--------------------------|---------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|----------------|
| | | Country Code ³ Number ⁴ Kind Code ⁵ (if known) | | | | |
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Examiner
Signature

Anita King

Date
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6/26/05

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| Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | | | Complete if Known | |
| | | | | Application Number | |
| | | | | Filing Date | |
| | | | | First Named Inventor | Hill, John |
| | | | | Art Unit | |
| | | | | Examiner Name | |
| Sheet | 2 | of | 2 | Attorney Docket Number | JH-1 |

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|-----------------------|--------------------|--------------------|---------|
| Examiner Signature | <i>Andrew K...</i> | Date Considered | 6/26/05 |
|-----------------------|--------------------|--------------------|---------|

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